

# UNITED STATES COURT OF APPEALS DISTRICT OF COLUMBIA CIRCUIT

333 Constitution Avenue, NW  
Washington, DC 20001-2866  
Phone: 202-216-7000 | Facsimile: 202-219-8530

## CIVIL DOCKETING STATEMENT

All Cases Other than Administrative Agency Cases (To be completed by appellant)

1. CASE NO. 19-5130
2. DATE DOCKETED: 5/8/19
3. CASE NAME (lead parties only) National Women's Law Center v. Office of Management & Budget
4. TYPE OF CASE: ☒ District Ct - ☒ US Civil ☐ Private Civil ☐ Criminal ☐ Bankruptcy  
☐ Bankruptcy - if direct from Bankruptcy Court ☐ Original proceeding
5. IS THIS CASE REQUIRED BY STATUTE TO BE EXPEDITED? ☐ Yes ☒ No  
If YES, cite statute \_\_\_\_\_
6. CASE INFORMATION:
 

a. District Court Docket No. Civil Action 17-cv-02458	Bankruptcy Court Docket No. Bankruptcy _____ Adversary _____ Ancillary _____	Tax Court Docket No. Tax _____
b. Review is sought of: <input checked="" type="checkbox"/> Final Order <input type="checkbox"/> Interlocutory Order appealable as of right <input type="checkbox"/> Interlocutory Order certified for appeal		
c. Name of judge who entered order being appealed: Judge Tanya S. Chutkan Magistrate Judge _____		
d. Date of order(s) appealed (use date docketed): 3/4/19; 4/25/19		e. Date notice of appeal filed: 5/3/19
f. Has any other notice of appeal been filed in this case? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, date filed: _____		
g. Are any motions currently pending in trial court? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, date filed: _____ If YES, identify motion _____		
h. Has a transcript of proceedings been ordered pursuant to FRAP 10(b)? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, why not? _____		
i. Has this case been before the Court under another appeal number? <input type="radio"/> Yes Appeal # _____ <input checked="" type="radio"/> No		
j. Are any cases involving the same underlying order or, to counsel's knowledge, involving <i>substantially the same issue</i> , currently pending before the District Court, this Court, another Circuit Court, or the Supreme Court? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, give each case's court and case name, and docket number: _____		
k. Does this case turn on validity or correct interpretation or application of a statute? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, give popular name and citation of statute _____		
7. Have the parties attempted to resolve issues in this case through arbitration, mediation, or another alternative for dispute resolution? ☐ Yes ☒ No If so, provide program name and participation dates \_\_\_\_\_

Signature s/ Lindsey Powell Date June 7, 2019  
Name of Party Office of Management & Budget et al.  
Name of Counsel for Appellant/Petitioner Lindsey Powell  
Address U.S. Department of Justice, Civil Division, 950 Pennsylvania Ave., NW, Room 7215, Washington, 20530  
Phone (202) 616-5372 Fax (202) 514-9405

### ATTACH A CERTIFICATE OF SERVICE

Note: If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 7 calendar days by letter, with copies to all other parties, specifically referring to the challenged statement. Attach a certificate of service to this form.